

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee T2013 HOCH FOR AKRON CITY COUNCIL						Registration Number, if PAC		
Full Name of Candidate KOPPELT & HOCH								
Street Address 482 AMSTERWOOD DRIVE				Office Sought CITY COUNCIL		District WAFB76		
City AKRON				State OH		Zip Code 44312		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		Annual Year 2018		
						Semistandard		
						110315		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

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2018 JAN 30 PM 2:52

1. Amount brought forward from last report	\$	907.44
2. Total monetary contributions (From Form No. 31-A)	\$	0.
3. Total other income (From Form No. 31-A-2)	\$	0.
4. Total funds available (sum of lines 1, 2, 3)	\$	907.44
5. Total monetary expenditures (From Form No. 31-B)	\$	80.00
6. Balance on hand (line 4 minus line 5)	\$	827.44
7. Value of in-kind contributions received (From Form No. 31-I)	\$	0.
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	1105.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Koppelet Hoch Treasurer **Robert Hoch** Signature **Jan 17 2018** Date

Contribution pages 0

Expenditure pages 1

Other pages _____

Total pages _____

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee BOB HOCH FOR AKRON CITY COUNCIL																
From Whom Received KOPPEL E. HOCH										Prior Amount 1105.00		Amt. Incurred this Period				
Address 482 AMPHILWOOD TRAIL												Outstanding Balance 1105.00				
City AKRON			State OH		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
								M	D	Y	\$	M	D	Y	\$	
Date Loan was originally incurred			06		09		11									
Registration Number, if PAC								M		D		Y				
Employer/Occupation/Labor Organization*								M		D		Y				
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
								M	D	Y	\$	M	D	Y	\$	
Date Loan was originally incurred																
Registration Number, if PAC								M		D		Y				
Employer/Occupation/Labor Organization*								M		D		Y				
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
								M	D	Y	\$	M	D	Y	\$	
Date Loan was originally incurred																
Registration Number, if PAC								M		D		Y				
Employer/Occupation/Labor Organization*								M		D		Y				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 1105.00
- 2 Total received this period \$ 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 1105.00 (To Form No. 30-A)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full 2001 HOCH F002 APRON CITY COUNCIL							
To Whom Paid GALLET AMATEUR ATHLETIC ASSOC		M	D	Y	Amount		
Address 2204 E MARKET ST.		Purpose FUNNY RAISES		2	29	17	80.00
City APRON		State OH	Zip Code 44712		Check Number 1032		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		